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REMARKS

BY

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Greetings to Hosts (Honorary Committee), dignitaries in presidential box (Mrs. Bennett, Mrs. Nancy Thurmond, Dr. and Mrs. Hutchins and The Drs. McPherson) Program Participants, and Fellow Friends of mothers and children:

I am pleased to join in this celebration of "Healthy Mothers, Healthy Children" - the Golden Anniversary of Maternal and Child Health, Title V. The number of editorials, proclamations and celebrations occurring across the nation during 1985 has been an inspiration. President Reagan expressed this in his Proclamation of Child Health Day, 1985:

When he said:

"... As we celebrate 50 years of cooperative endeavor in support of maternal and child health, we should rededicate ourselves to the expansion of state and local responsibility in this extremely important field. We must do everything necessary to protect the health of our mothers and children.

We must remember that the best way to do this is to entrust the responsibilities and the needed resources to the states and communities in which they live."

As your Surgeon General, and as one who spent 35 years of professional life caring for children, I join the ranks of those specifically concerned with public health and as one dedicated to the highest standards of health care for children and their mothers.

In 1798, our second president, John Adams, established the first marine hospital in Boston, Massachusetts. It was the beginning of what we now know as the U.S. Public Health Service. During the almost 200-year history of the PHS, there have been 13 Surgeons General. We have tried to follow the example set by Benjamin Waterhouse, controversial but effective director of the first marine hospital; those of us in Federal medicine should **lead**, not merely follow .

Maternal and child health has not always been viewed as the concern of national leaders in public health. The year 1929 was seen not only as the beginning of the great depression for the economic health of the country, but as a significant setback for child health in this country also.

It was 1929 that saw the demise of the Sheppard-Towner Act, the first maternity and infant care act providing funds to the States. Child health advocates were discouraged because of the oposition to the legislation exemplified by the following comments:

Listen to this:

- "[The legislation is] sponsored by endocrine perverts and derailed menopausics";

Here's one:

- "[The] fundamental doctrines [are] drawn chiefly from radical, socialistic and bolshevistic philosophy";

Now hear this:

- " [The legislation] turn(s) over questions of infant mortality and infant care to an aggregation composed almost exclusively of spinsters... a wise man places all important tasks in experienced hands";

And finally:

- " Official meddling cannot take the place of mother love."

  During that period of economic stress, the Sheppard-Towner Act was opposed by the American Medical Association, the Catholic Church - because of its fear of government interference cloaked in governmental assistance-- and, if you can believe it, the Public Health Service: a trio of formidable opposition that contributed to the sense of a significant setback for child health.

  Actually, there was a renewed surge of activity in reaction to the act's termination:

- The pediatricians broke with the American Medical Association over the event and formed the American Academy of Pediatrics in 1930;

- The 1930 White House Conference on Child Health and Protection produced a children's charter containing nineteen vibrant statements as to what every child needs for education, health, welfare and protection.

- The Children's Bureau designed a new and stronger plan that the first woman cabinet member,Frances Perkins, presented in her 1934 annual report.

Will Rogers, the dry witted pundit of that era, put the discussions between the end of the Sheppard-Towner Act and the enactment of the social security act into a humorous perspective:

Said he:

"I am mighty glad so many people in America are taking up the children;s work, being a ranchman and a farmer, and also a child owner, I have often wished that when one of my children get sick I could wire or call some government expert and have him look after them, like I can do if one of my cows or pigs get some disease."

He continued, "If your fertilizer is not agreeing with your land, the government will send a specialist, but if the food is not agreeing with the baby, why, we have to find out what's the matter ourselves, and lots of times parents mean well but they don't know much. So I am glad that you people are interested in children. course they are a lot of trouble, but we just don't seem to be smart enough to find something that would be less trouble that would replace them."

"That's the only thing we are shy now is synthetic children."

And finally: "It's not a bad idea whoever thought of doing something for the children. if it

works and you improve them, I will send you mine."

The 74th Congress passed Madam Perkins' plan and incorporated the concept of government responsibility:

- By requiring matching funds from the states, Congress forged a federal-state partnership and gave the individual state a voice in planning, directing, priority setting and designing programs appropriate to the local level.

The Social Security Act was enacted August 14, 1935. By 1936, all but two states (Oregon and

Illinois) had divisions of Maternal and Child Health and all but four had full time physician directors. In addition, 38 of the States had established crippled children's services units.

The 1936 Federal Title V budget was $6 million, by 1960, 25 years later, it was $33 million and in 1985, it was $478 million in actual, not constant, dollars.

What are some of the contributions of the Maternal and Child health program in the past 50 years? A baker's dozen sampling might include:

- Reduction of the maternal mortality rate from 570 per 100,000 live births in 1935 to 8 per 100,000 in 1983;

- Reduction of the infant mortality rate from 55.7 per 1,000 live births in 1935 to 11.2 in 1983;

- The majority of all deliveries now occur in hospitals or birthing centers and are attended by trained professionals;

- Expansion of Crippled Childrens Services - the first federally funded medical care program-- from chiefly orthopedic problems to most disabling conditions and many chronic illnesses;

- Regionalization of services for newly developed programs such as congenital heart disease in the 1950's, for low prevalence diseases, such as hemophilia and juvenile rheumatoid arthritis in the 1970's and for systems of care requiring both primary and high technology services such as perinatal care in the 1980's;

- Prevention of mental retardation, early assessment of suspected developmental delays and the provision of community services for the mentally retarded;

- Establishment of universal newborn screening

services;

- Advances and reforms in prenatal and perinatal nutrition services including education and counseling;

- Inclusion of social services as a vital component of public health services.

- Development and implementation of the concept of a health team to provide services to the child and family;

- Promotion of maternal and child health through advisory groups, conferences, publications and demonstrations.

- Development and provision of services for adolescents with special needs; and

- Training of thousands of health professionals of many disciplines in the philosophy of maternal and child health;

The golden anniversary is not all celebrative. Some part of it is admonitory. On this significant birthday, I trust you will understand my concern as I assume an admonitory role for a minute or two.

A nursing leader in maternal and child health, Dr. Juanita Fleming, writing in the American Journal of Maternal/Child Nursing in 1985, noted some major changes occurring within American society that will profoundly affect the lives and health of pregnant women, children, and their families:

- The average age of Americans is increasing and as it does, a less healthy population can be expected;

- A more culturally diverse population is emerging with increasing percentages in the hispanic, black and asian minorities;

- Distribution of people and wealth is changing from the north to the south and from decaying large industrial cities to small town and rural areas;

- Changes in family structure and roles are occurring. Today we have nuclear families, extended families, single-parent families and aggregate families that is, parents who both bring children from previous marriages to the new family).

- The number of women working outside the home is increasing. Children of these diverse

families may lead very different lives and have different perceptions of the world.

- Working with families will become more complex and our current services and institutions may be inadequate to the task of providing the various types of support the families will need to adjust, adapt and cope;

- Technological advances are revolutionizing how some health conditions are diagnosed and treated. The massive amount of new information available to people may interfere with their ability to make choices;

- The cost of health care; [with] outpatient and urgent-care centers competing with hospitals;

[and] the increase in investor-owned hospitals and multihospital systems may lead to decreasing access to health care - already a significant problem for low-income families not eligible for medicaid;

- Prospective payment will affect the delivery of health care services. Both the use of DRGs in hospitals and the growth of HMOs and related plans are changing the emphasis in health care services from acute, curative, hospital-based systems to new systems emphasizing prevention of disease, promotion of health and health maintenance- often under the banner of cost-effectiveness.

Will quality of services and availability of services to the populations for which we have prime responsibility receive adequate attention?

Other issues I would add to that list include:

- The slowing of the rate of decline of the infant mortality rate in the past two years, the fall-off in the percentage of women receiving early prenatal care, and the constant rate of low-weight infants born in the 1980's;

- The reappearance of the medical malpractice issue in maternity care which has decimated the number of health professionals providing maternity care;

- The nearly 42 million children and youth between the ages of 10 and 19 experiencing such serious threats to life itself, and to productive roles as adults such as accidents, substance abuse, sexually transmitted disease, chronic disabilities (including mental illness) and suicide. It is estimated that as many as 20% of these adolescents have some form of untreated medical problem.

For those with continuing health problems, we must do more to assist their successful entry into the world of adult services;

- Poverty itself is a barrier to health care:

  21% , or about 12 million of all children are poor

  Nearly 1/2 , or about 4 million black children are poor

  Nearly 1/3, or about 2 million hispanic children are poor

  6.7 million children live in female headed, single-parent households

This latter figure raises additional societal issues of

  Day Care

Maternity Leave

Health Insurance Coverage

Equality of wages

Martha Mae Eliot, an early and long laborer in the vineyards of Maternal and Child Health in this country, once said: "The early days of these programs were exciting days -

Days of long and animated discussions

Days of exploring possibilities

Days of questioning

Days of refreshing advice and aid from people in many professions, and

Days of great satisfaciton as we saw functioning programs emerge."

I would add- days of money.

Today, as we review our common history, celebrate our accomplishments and look forward to our challenges in continuing to promote the health of mothers and children in an everchanging environment may we be able to say that all our days have been exciting days.

And in future years - in the year 1998 when we celebrate the 200th anniversary of the Public Health Service and in the year 2035 when we celebrate the 100th anniversary of Title V Maternal and Child Health, may we continue to say about Maternal and Child Health programs, " The days of these programs are exciting days.

I believe that we can welcome and even relish the challenges and the opportunities at hand. I particularly welcome our chance to form many more coalitions of maternal and child health advocates from many, many elements of our society, from Federal and State, regional and local, public and private, majority and minority, profit-making and philanthropic, professional and parent groups and from a grand variety of interest such as exemplified by the great multiplicity of groups here this evening in celebration of 50 years of achievement.

It seems to me that America has shown, over and over again, its extraordinary ability to identify problems and to form organizations, committees, task forces - whatever necessary- to treat all aspects of problems and to achieve meaningful solutions. Let us dedicate ourselves, tonight to 50 years, (or whatever portion the good Lord may give us) of increased cooperation and expanded participation in and commitment to the improvement of maternal and child health in this marvelous country of ours.

I welcome the opportunity, therefore, for the Public Health Service to join those whom some called"the little old ladies in tennis shoes" (who were really giants in a new field of service to women and children) as we march to the drummer of improving the health of mothers and children now and in the future.

Thank you for inviting me to the party.